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To:

NAME:	FACSIMILE:	TELEPHONE:			
MS AF	(571) 273-8300				

FROM:

Barbara M. Hayashi

DATE:

December 7, 2006

Number of pages with cover page:	5	Our Reference 297912003410

Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2

Comments:

Application No. 10/772,915

Attached: a) RCE Transmittal, b) Fee Transmittal (original and duplicate), c) Petition For Extension of Time.

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Under the Department Postuding A	1 1 		u	.S. Palent a	and Treater	roved for use through nark Office; U.S. DE	h 7/31/2005.	ヘビ ぐんいいききゃく			
	respond to a collection of information unless it displays a valid OMB control number. Complete If Known										
Foos pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4616),				Application Number 10/772,915			,				
FEE TRAN	Filing Date			February 5, 2004							
For FY	First Named Inventor			Tim NIEMAN							
				J. M. Wollschie	hlager						
Applicant claims amail entity status. See 37 CFR 1.27						1732					
TOTAL AMOUNT OF PAYMEN	Attorney Docket No. 29791200			297912003410	410						
METHOD OF PAYMENT (ch	eck all that apply)										
Check Credit Card	Money Orde	r No	18	Other (pl	case iden	tify);		i			
X Deposit Account Deposit Account	,		_			rrison & Foers	terLLP				
For the above-identified d		a Director is	hereby a								
X Charge fee(s) indica				Charge	fee(s) in	dicated below, ex	kcept for t	he filing foe			
Charge any addition fee(s) under 37 CF		payment of	х	Credit ar	ny overp	ayments		i			
FEE CALCULATION (All the	fees below are	due upo	n filing o	r may b	e subje	ct to a surcha	irge.)				
1. Basic filing, Search, and							<u> </u>				
	FILING FEES		ARCH FE	-	EXAMI	NATION FEES		•			
Application Type Fee	. <u>Small Entif</u> e_(\$)	<u>Fee (\$</u>		Entity (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)			
	00 150	500		50 ·	200	100		1			
Design 2	00 100	100	:	50	130	65					
Plant 2	00 100	300	15	50	160	80					
Reissue 3	00 150	500	25	i0	600	300	****				
Provisional 20	00 100	0		0	0	0					
2. EXCESS CLAIM FEES								Small Entity			
Fee Description Each claim over 20 (including Re			UPLI	CATE	COP	Y	Fee (\$) 50	Fee (\$) :			
Each independent claim over 3 (in	ncluding Reissues) FO	R FEE	PROC	TESS	NG	200	100			
Multiple dependent claims						_	360	180			
Total Claims Extra Claims	Fee (\$)		aid (\$)	_		ultiple Depende					
HP = highest number of total claims paid	_ x I for, If presier than 20	.—		_	Fe	<u>e (\$)</u> . <u>F</u>	ee Paid (\$	<u>1</u>			
Indep. Claims Extra Claims			ald (\$)	_	_			- 1			
HP = highest number of independent cla	x =	then 3.		_	,			1			
3. APPLICATION SIZE FEE								:			
If the specification and drawings	cxceed 100 sheet	ts of paper (excluding	electron	ically fil	led sequence or o	computer	ì			
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5)											
Total Shoots Extra Shoots Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5)											
4. OTHER FEE(S)	4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 1251 Extension for response within first month 120.00											
SUBMITTED BY	2										
Signature	Ne Jac		Registration (Adomey/Age		15,218	Téléphone	(949) 25	1-7189			
Name (Print/Type) Todd W. Wight	0			,		Date [December	7, 2006			